



# CASE REPORTS FOR FUNERAL DIRECTOR INTERN

State Form 11470(R/9-90)

Indiana Professional Licensing Agency

Date Submitted	Quarter
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INSTRUCTIONS: Please complete the forms and return to the Board office on a quarterly basis.

SECTION A	NAME OF DECEASED	DATE OF DEATH
1.		
2.		
3.		
4.		
5.		
6.		

Name (Please Print)		Intern License Number
Name of Sponsor (Please Print)		Sponsor's License Number
Signature of Sponsor	Signature of Intern	

SECTION B 1		CASE INFORMATION	
Name of 1st Deceased		Date	
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date Expired (Month, Day, Year)	Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No
Cause of Death			
Condition of Body Before Embalming			
Vessels Used			
List Special Treatment Necessary			
Restorative Art Employed (Explain)			
Condition of Body at Time of Burial			
Intern License Number		Signature of Intern	
Licensed Sponsor's evaluation of the Licensed Intern's performance regarding this case.			
Sponsor's License Number			
Signature of Sponsor			

SECTION B 2		CASE INFORMATION	
Name of 2nd Deceased		Date	
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date Expired ( <i>Month, Day, Year</i> )	Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No
Cause of Death			
Condition of Body Before Embalming			
Vessels Used			
List Special Treatment Necessary			
Restorative Art Employed ( <i>Explain</i> )			
Condition of Body at Time of Burial			
Intern License Number		Signature of Intern	
Licensed Sponsor's evaluation of the Licensed Intern's performance regarding this case.			
Sponsor's License Number		Signature of Sponsor	

SECTION B 3		CASE INFORMATION	
Name of 3rd Deceased		Date	
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date Expired ( <i>Month, Day, Year</i> )	Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No
Cause of Death			
Condition of Body Before Embalming			
Vessels Used			
List Special Treatment Necessary			
Restorative Art Employed ( <i>Explain</i> )			
Condition of Body at Time of Burial			
Intern License Number		Signature of Intern	
Licensed Sponsor's evaluation of the Licensed Intern's performance regarding this case.			
Sponsor's License Number		Signature of Sponsor	

SECTION B 4		CASE INFORMATION	
Name of 4th Deceased		Date	
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date Expired (Month, Day, Year)	Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No
Cause of Death			
Condition of Body Before Embalming			
Vessels Used			
List Special Treatment Necessary			
Restorative Art Employed (Explain)			
Condition of Body at Time of Burial			
Intern License Number		Signature of Intern	
Licensed Sponsor's evaluation of the Licensed Intern's performance regarding this case.			
Sponsor's License Number		Signature of Sponsor	

SECTION B 5		CASE INFORMATION	
Name of 5th Deceased		Date	
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date Expired (Month, Day, Year)	Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No
Cause of Death			
Condition of Body Before Embalming			
Vessels Used			
List Special Treatment Necessary			
Restorative Art Employed (Explain)			
Condition of Body at Time of Burial			
Intern License Number		Signature of Intern	
Licensed Sponsor's evaluation of the Licensed Intern's performance regarding this case.			
Sponsor's License Number		Signature of Sponsor	

SECTION B 6		CASE INFORMATION	
Name of 6th Deceased		Date	
Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date Expired (Month, Day, Year)	Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No
Cause of Death			
Condition of Body Before Embalming			
Vessels Used			
List Special Treatment Necessary			
Restorative Art Employed (Explain)			
Condition of Body at Time of Burial			
Intern License Number		Signature of Intern	
Licensed Sponsor's evaluation of the Licensed Intern's performance regarding this case.			
Signature of Sponsor		Signature of Sponsor	

SECTION C		INTERN PERFORMANCE EVALUATION	
The funeral director intern has assisted or participated in the following funeral directing services: (indicate the number of times performed in each case).			
1. First Call	_____	10. Veterans Burial	_____
2. Assisted at Funerals	_____	11. Social Security Forms	_____
3. Prepared Death Notices	_____	12. Indigent Funeral	_____
4. Arranged Church Services	_____	13. Cemetery Details	_____
5. Rosary-Lodge Services	_____	14. Assist in Sales Room	_____
6. Arranged For Funeral Cars	_____	15. Maintenance of Funeral Establishment and all Equipment	_____
7. Prepared Death Certificates	_____	16. Preparation of Sales Tax for each Individual Service	_____
8. Arranged for Organist, Soloist or Beautician	_____	17. Compliance with FTC RULING	_____
9. Ship-Out Detail	_____		
Sponsor's F.D. License Number	Date	Intern License Number	Date
Signature of Sponsor		Signature of Intern	